



BUILDING PERMIT APPLICATION

APPLICATION DATE: _____

PERMIT NO: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, MECHANICAL, WELLS, POOLS, FIRE SPRINKLER, SIGNS, LANDSCAPE, IRRIGATION, ROOFING, SHUTTERS, ETC.

Owner's Affidavit: I certify that all information herein is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER INFORMATION

Owner Name _____

Street Address _____

City _____ State _____ Zip _____ E-Mail _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Fax () _____

CONTRACTOR INFORMATION

Contractor Company Name _____ License No. _____

Street Address _____

City _____ State _____ Zip _____ E-Mail _____

Phone () _____ Ext. _____ Cell Phone () _____

Fax () _____

Workers' Comp No. _____

FOR PERMIT EXPEDITERS ONLY (for permit pick-up):

Contact Name _____ Phone () _____ Ext _____

ARCHITECT/ENGINEER NAME:

ADDRESS:

Property Control No. _____

Address of Proposed Work _____ Suite or Apt. # _____

Total Project Cost: \$ _____ (includes labor, material, and trades)

Existing or Previous Structure Demolished? Yes No (Impact Credit)

TYPE OF WORK / IMPROVEMENT

NEW CONSTRUCTION	ADDITION	INT. ALTERATION	DEMOLITION	GENERAL REPAIR
<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential
<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial	<input type="checkbox"/> Commercial

Type of Foundation: _____ Monolithic _____ Stemwall _____ Pile

Description of Work (Be Specific): _____

Signature of Qualifier _____

Printed Name of Qualifier _____

Sworn to and subscribed before me by _____

Who is personally known to me or produced (Type of ID) _____

_____ on this _____ day of _____, 20_____.

(Seal)

Signature of Notary _____

Printed Name of Notary _____



THIS PAGE FOR BUILDING DEPARTMENT USE ONLY.

PERMIT NO: _____

APPLICATION DATE: _____

PCN: 12 - ____ - ____ - ____ - ____ - ____ - ____

Zoning District _____ Historic: Yes No
 Set Backs: Front _____ Side Street _____ Side Interior _____ Rear _____

STRUCTURE SET UP

Occupancy _____
 Const. Type _____
 Roof Type _____
 Flood Zone _____
 Plan Sq. Ft. (A/C) _____
 Plan Sq. Ft. (Under Roof) _____
 Finish Floor Elev. _____

DEPARTMENT APPROVALS

_____	_____
Env. Services	Engineering
_____	_____
Planning & Zoning	SPRAB / COA
_____	_____
Landscaping / Irrigation	Public Utilities
_____	_____
Fire Department	Plan Review
Occ. Load _____	

COUNTY IMPACT FEES

	(Credit)	Amount Due
Parks	\$ _____	\$ _____
Public Bldgs.	\$ _____	\$ _____
Schools	\$ _____	\$ _____
Road	\$ _____	\$ _____

PERMIT CALCULATION

Adjusted Value	\$	_____
Permit Fee	\$	_____
Electrical	\$	_____
Plumbing	\$	_____
Mechanical	\$	_____
Roofing	\$	_____
Paving	\$	_____
Irrigation	\$	_____
Landscaping	\$	_____
Shutter	\$	_____
Misc Permit	\$	_____
Other	\$	_____
Plan Check Fee	\$	_____
MCR # _____		
Total Permit Fee	\$	_____

ADDITIONAL FEES

Fire	\$	_____
Radon	\$	_____
DPR	\$	_____
Water / Sewer	\$	_____
Parks / Rec	\$	_____
Master Plan	\$	_____
Total Add'l Fees	\$	_____

TOTAL FEES DUE \$ _____